## **DECLARATION AND POWER OF ATTORNEY**

Docket No.: 478.1077

As a below named inventor, I hereby declare that:

My residence, post office address and citizensh	ip are a	as stated belov	w next to my na	me.	
I believe I am the original, first and sole inventor plural names are listed below) of the subject ma					
MUCOACTIVE AGENTS FOR TREATING OF F	ULMO	NARY DISEA	SE		
the specification of which (check one)					,
is attached hereto					
was filed on as Applicati	on Ser	rial No	_ and was ame	nded on	
I hereby authorize and request our at York, New York 10018 to insert here in parenthe filed) the filing data	eses (a	pplication nun	nber		,
I hereby state that I have reviewed and unders as amended by any amendment referred to abo		ne contents of	the above-ider	ntified specification, i	ncluding the claims,
I acknowledge the duty to disclose all information that is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.					
I hereby claim priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:					
0321611.6	Great Britain		15 September 2003		Priority claimed
Number	Count	ry	Day/Month/Year Filed		Yes No
0327723.3	Great Britain		28 November	2003	Priority claimed
Number	Count	try	Day/Month/Year Filed		Yes No
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
Application Serial Number		Day/Month/Year Filed		Status	
Application Serial Number		Day/Month/Year Filed		Status	

And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehris, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor	David MORTON
Inventor's signature	
Date	
Residence	Wiltshire, Great Britain
Post Office Address	1 Prospect West, Chippenham, Wiltshire, Great Britain, SN14 6FH
Citizenship	United Kingdom

Full name of additional Inventor	David GANDERTON
Inventor's signature	
Date	
Residence	Wiltshire, Great Britain
Post Office Address	Prospect West, Chippenham, Wiltshire, Great Britain, SN14 6FH
Citizenship	United Kingdom

## **DECLARATION AND POWER OF ATTORNEY**

Docket No.: 478.1077 Full name of Full name of John STANIFORTH Yorick KAMLAG additional Inventor additional Inventor **Inventor's** Inventor's signature signature Date Date Residence Wiltshire, Great Britain Wiltshire, Great Britain Residence 1 Prospect West, Chippenham, Wiltshire, 1 Prospect West, Chippenham, Wiltshire, Post Office Post Office Great Britain, SN14 6FH Great Britain, SN14 6FH Address Address Citizenship **United Kingdom** United Kingdom Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship